

POSITION DESCRIPTION

CHIEF OF COMPENSATION
DEPARTMENT OF CIVIL SERVICE
P.O. BOX 94111 - CAPITOL STATION
BATON ROUGE, LA 70804-9111

CIVIL SERVICE AGENCY USE ONLY	<input type="checkbox"/> AFFIRMED	<input type="checkbox"/> NEW POSITION	APPROVED AS: YES NO MASTER <input type="checkbox"/> <input type="checkbox"/> TRAINING <input type="checkbox"/> <input type="checkbox"/>	LOG NUMBER - CIVIL SERVICE
	<input type="checkbox"/> JOB CORRECTION	<input type="checkbox"/> REALLOCATED Up Down Lateral		
	<input type="checkbox"/> RETURNED W/O ACTION			
OFFICIAL ALLOCATION				OFFICIAL JOB CODE
EFFECTIVE DATE	CONSULTANT	SUPERVISOR	COMMENTS	ASSIGNED CONSULTANT / AGENCY

1 TYPE OF REQUEST

Check appropriate request boxes. If master job description, see Instruction sheet, "Required Attachments", Item 4.

- ☐ NEW POSITION ESTABLISHED
- ☐ UPDATE
- ☐ MASTER
- ☐ TRAINING SERIES
- ☐ AGENCY APPEAL
- ☐ EMPLOYEE APPEAL
- ☐ 5.3 APPEAL
- ☐ JOB CORRECTION

2 CODE NUMBERS

POSITION NUMBER (ISIS-HR)
POSITION NUMBER (AGENCY)
CURRENT OFFICIAL JOB CODE
REQUESTED OFFICIAL JOB CODE

CURRENT OFFICIAL JOB TITLE	Pay Level
REQUESTED OFFICIAL JOB TITLE	Pay Level

3 GENERAL INFORMATION

EMPLOYEE'S NAME - LAST, FIRST, MIDDLE	EMPLOYEE QUALIFIES FOR JOB <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA CODE - OFFICE TELEPHONE
DEPARTMENT - OFFICE - DIVISION / BUILDING - CITY - PARISH	PERSONNEL AREA/ORGANIZATION ID NUMBERS	
DIRECT SUPERVISOR'S NAME	OFFICIAL TITLE OF SUPERVISOR	HUMAN RESOURCES TELEPHONE

4 COMPARATIVE POSITIONS

List positions that have similar or identical duties to this position.

INCUMBENT NAME	POSITION NUMBER	OFFICIAL JOB TITLE / AGENCY

5 SUPERVISORY ELEMENTS

ORGANIZATIONAL CHART **MUST** BE ATTACHED

- ☐ DETERMINES WORK ASSIGNMENTS
- ☐ RECOMMENDS HIRING / PROMOTIONS
- ☐ TRAINS STAFF
- ☐ REVIEWS AND APPROVES WORK
- ☐ EVALUATES PERFORMANCE
- ☐ APPROVES LEAVE

NUMBER OF STAFF SUPERVISED

	DIRECTLY SUPERVISED
	INDIRECTLY SUPERVISED
	TOTAL SUPERVISED

6 DUTIES AND RESPONSIBILITIES

Attach on a separate sheet. Please refer to Position Description Instruction Sheet for guidelines.

7 SIGNATURES

I certify that the information in this document and required attachments is true and correct to the best of my knowledge.		Comments Attached
EMPLOYEE	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
DIRECT SUPERVISOR	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPOINTING AUTHORITY / DESIGNEE (Indicate Title)	DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check to indicate attachments. If appropriate documentation is not included, this position description will be returned to the agency Human Resources Office without action.

- ☐ Organizational Chart
- ☐ Duties/Responsibilities
- ☐ Comments
- ☐ MJD Position Numbers